⊦	· .	PATENT APPLICATION - ÉE DETERMINATION RECORD  Effective December 8, 2004								Application or Docket Numb				
		CLAIM	S AS FILE	D - PART	1						170	d	<u>y</u>	
L			(C	(Column 1) (Column 2)				SMALL ENTITY TYPE		l	OR SM	OTHER THA		
U	.S. NATION	AL STAGE FEES	S				7	RATE	FE			<u> </u>	7	
BA	ASIC FEE		SMALL	ENT. = \$ 150	LAR	GE ENT. = \$ 300	1	BASIC FEE		$\dashv$	RA		F	
<u>5</u> >	EXAMINATION FEE		Satisfies F	Satisfies PCT Article 33(1)- (4) = \$50/\$100		All other situations =		EXAM. FEE		$  ^{\circ}$	R BASIC FEI	EE	12	
SEARCH FEE			U.S. is ISA ALL oth	U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400		\$ 100 / \$ 200 All other situations = \$ 250 / \$ 500		SEARCH FEI		$\dashv$	EXAM, FI		Á	
EE FOR EXTRA SPEC. PGS.				minus 100 =		/50 =				4	SEARCH	FEE	10	
OTAL CHARGEABLE CLAIMS			160	) minus 20				X \$ 125 =	-	_	X \$ 25	<del>50</del> =		
NDEPENDENT CLAIMS  ULTIPLE DEPENDENT CLAIM PRE			100			2		X \$ 25 =		0	R X \$ 50	0 =		
			DECENT.	minus 3 =				X \$ 100 =		01	R X \$ 20	0 =		
_				ess than zero, enter "0" in column 2			L	+ \$ 180 =		0	R + \$ 360	0 =		
		oo aa colallaa 1 K	s less than 2	ero, enter "0"	in col	lumn 2		TOTAL			R TOTA		61	
	CLAIMS AS AMENDED - PART II												<u> </u>	
_	(Column 1) (Column 2) (Column 3)					(Column 3)		SMALL	ENTITY	OF			HAN	
	·	CLAIMS REMAINING		HIGHES NUMBE			Γ		ADDI-	ר <sup>``</sup>	SMAI		VIII Y	
		AFTER AMENDMENT	1	PREVIOU PAID FO	SLY	PRESENT EXTRA		RATE	TIONAL		RATE	ı	ADE TION	
	Total	*	Minus	**			1	X \$ 25 =	FEE	┨		4	FE	
1	Independent	*	Minus	***			-			OR	X \$ 50			
I	FIRST PRES	SENTATION OF N	IULTIPLE DE	PENDENT CL			$\vdash$	X \$ 100 =		OR	X \$ 200	=		
•							1_	+ \$ 180 =		OR	+ \$ 360	=		
							10	FEE		OR	TOTAL ADD	IT.		
		(Column 1)		(Column :	2)	(Column 3)			-					
		CLAIMS REMAINING		HIGHEST NUMBER			Г		ADDI	1				
Γ		AFTER AMENDMENT		PREVIOUS	Y	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE		ADDI- IONAI	
	otal		Minus	PAID FOR			H		FEE			1	FEE	
T-	· i	*	 Minus	***			$\vdash$	(\$ 25 =		OR	X \$ 50 =			
_	dependent	11		1	1	_	LX	\$ 100 =		OR	X \$ 200 =			
In	dependent		ILTIPI F NFD	ENDENTO	8.4									
In	dependent	ENTATION OF MU	ILTIPLE DEP	ENDENT CLAI	М			\$ 180 =		OR	+ \$ 360 =			
In	dependent		ILTIPLE DEP	ENDENT CLAI	М			\$ 180 = AL ADDIT. FEE		OR OR	+ \$ 360 = TOTAL ADDIT FEE			

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".